APPENDIX E

Georgia Department of Human Resources
PERINATAL SUMMARY RECORD

CLIENT IDENTIFICATION | **FOR LOCAL USE ONLY**

Last Name	First Name	M.I.	Maiden	
Social Security Number	Medicaid Number or Final Payment Source*		Birthdate	Age
Address	City	Zip Code	Phone Number	
County	County Code	Site Code	Family Size	Monthly Income
Race: Black ☐ White ☐ Hispanic ☐ Other ☐ (Specify) _____		Married Yes ☐ No ☐	Education Last Grade Completed:	

PREGNANCY HISTORY / HEALTH STATUS

Previous Pregnancies: # Full Term	# Premature	# Aborted	# Living	Date Last Pregnancy Ended a. < 12 Mo. ☐ b. 12-24 Mo. ☐ c. > 24 Mo. ☐
Current Pregnancy: LNMP:	EDC	Medical Risk Status: 1) Highest ☐ 2) High ☐ 3) Moderate ☐ 4) Other ☐ 5) Low Risk ☐		
Risk for Preterm Labor: Tool	Score (initial) Date	Score (26 Wk) Date		
Smoking: No ☐ Yes ☐	Pre-PG Pks./Day	1st Assess Pks./Day	26 Weeks Pks./Day:	Delivery Pks./Day:

PERINATAL SERVICES ENROLLMENT

Date	Service	Provider Code*
	☐ PG Test / Confirmation	
	☐ Perinatal Case Management	
	☐ Prenatal Care / Lab	
	☐ WIC	
	☐ Other (Specify)	
	☐ Family Planning	

PERINATAL CASE MANAGEMENT SERVICES

Unit of Service	Date	Code	Date	Code
COMPREHENSIVE	1.	Y0196		
FOLLOW-UP	2.	Y019 _	6.	Y019 _
BRIEF CODE: (Y0197)	3.	Y019 _	7.	Y019 _
EXTENDED CODE: (Y0196)	4.	Y019 _	8.	Y019 _
	5.	Y019 _	9.	Y019 _
POST-PARTUM FOLLOW-UP	10.	Y0199		

PREGNANCY OUTCOME

Live Birth ☐ Fetal Death ☐ Abortion ☐	Date of Delivery	Site
Method of Delivery: Vaginal ☐ C-Section ☐	Attendant: MD ☐ CNM ☐ Other ☐ (specify) _____	

Infant's Last Name	First Name	M.I.	Sex	Birthweight (GMS)
Date of Mother's Discharge	Hospital (If different from delivery site)	Date of Infant's Discharge	Hospital (If different from delivery site)	
Referrals: (Infant) Medicaid ☐ EPSDT ☐ WIC ☐	High Risk Infant Followup ☐	CMS ☐	Early Intervention 99-457 ☐	

CLOSURE

	Date	#	Reason
Mother			1. Service Completed 2. Transferred 3. Moved / Lost 4. Client Request 5. Death
Infant			

STATUS AT CLOSURE

MOTHER	CONTACTS: Perinatal Case Mgt.				PROBLEM LIST
Prenatal Care ☐ Total # Visits:	HOME VISITS		TOTAL PCM CONTACTS		1.
	FACE TO FACE				2.
INFANT					3.
Enrolled in WIC ☐ Yes ☐ No	Medicaid Number (Infant)				4.
Enrolled in EPSDT ☐ Yes ☐ No					5.
					6.

Form 3704 (Rev. 12-90) * (See Reverse Side